

**Statement of Stirling Scruggs,
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UNFPA has worked in China since 1980. During our first ten years, we focused on building self-sufficiency. In particular, we supported:

- China's first modern census, which was executed by the U.S. Census Bureau.
- Contraceptive research, which was executed by WHO.
- Academic training for PhD candidates from 23 universities, which was executed by the UN Population Division. Their studies took place in U.S., U.K. and Australian universities.
- Contraceptive production, which eventually helped China become self-sufficient in the production of high-quality, international standard contraceptives, including birth control pills, condoms, IUDs, injectables and foam. This activity was executed by PATH, a Seattle-based NGO.

Beginning in 1990, when I was the UNFPA Representative in China, UNFPA assisted with:

- Another census.
- Working with the returning PhDs, whom we had sent away for training. We assisted the 23 universities that sponsored their studies to establish Population Science curricula, which included Sociology, Demographics and Statistics.
- Continued contraceptive research.
- The establishment of a high-quality Maternal and Child Health Programme in 310 counties. The programme focused on safe deliveries, ARI, diarrhea, breastfeeding, and the use of high-quality contraceptives manufactured in Chinese factories. Our partner agency in this endeavour was UNICEF.
- The establishment of a special interpersonal counseling and informed consent project, which was executed by PATH.
- The creation of China's first women's empowerment projects in 36 counties. These were the most gratifying field projects I have ever been associated with. And I will be glad to discuss them later with anyone who is interested. They were executed by FAO and ILO.

Beginning in 1997, UNFPA initiated its current programme, which includes the now well-known 32 counties quality reproductive health care project. And we continued women empowerment projects.

UNFPA Advocacy in China

UNFPA has always engaged in a serious dialogue with the Chinese Government on human rights, including reproductive and women's rights. In:

1980: UNFPA advised against the one-child policy.

1983: UNFPA strongly condemned the first reports of massive coercion in China's population programme. The Executive Director sent the Deputy Executive Director the day after it was reported in the Washington Post. That coercion was occurring on a large scale. We have been in constant dialogue since then.

1990: My first field trip after assuming my post in China was to visit remote villages in northwestern China to investigate China's new campaign to sterilize the mentally retarded. While this sterilization campaign was initiated for humanitarian reasons, that is, because authorities had become aware that mentally deficient parents had in many cases neglected their children even to the point of death, the Chinese approached this

situation without scientific evidence or consideration for human rights. I consulted with WHO and brought a team of experts to China, including a scientist from Columbia University and another from CDC in Atlanta. After a month, they developed a micro-nutrient programme that effectively decreased the incidence of mental retardation in these remote areas. The primary reason for the large numbers of mentally deficient citizens in these remote areas was a lack of iodine in their diets. The micro-nutrient programme was financed and executed by UNDP and UNICEF.

1992: UNFPA, working with the Alan Guttmacher Institute, WHO, and Beijing University conducted a large-scale IUD study. This study was prompted by the large number of contraceptive failures of the Chinese steel ring IUD. The study resulted in a policy change in China. Two weeks after the study was released, China made it mandatory that all IUDs being used in its programme should be copper-T IUDs, which were being manufactured in China in the factories that UNFPA was assisting.

Over a ten-year period, it is estimated that the use of the copper-T IUD prevented:

- 41 million pregnancies
- 26 million abortions
- 1 million spontaneous abortions/miscarriages
- 360,000 child deaths
- 84,000 maternal deaths

1993: I tried to initiate the first model county programme, which was, in fact, the precursor to the 32 counties programme that began in 1997. When the day came for the Governor of the Province to suspend targets and quotas in the county in question, he was told that he could not suspend targets and quotas. Thus I cancelled this programme.

1994: The Cairo International Population and Development Conference specifically addressed coercion and advocated a needs-based, human rights-based approach to all population programming. This gave UNFPA the international standard and leverage to be insistent in mandating this approach.

1995: Negotiations began on the current 32 county programme. These negotiations took two years and during those two years UNFPA did not have a programme in China.

1997: The current 32 county programme was approved by UNFPA's 36-member Executive Board, of which the United States was a member. This programme ends this year.

Objectives:

The objectives of the 1997 programme were improved access of women and men to quality, integrated client-centered RH/FP information and services on a voluntary basis, and developing a model in selected counties from which lessons could be drawn for application at the national level.

These efforts were reinforced and complemented by programmatic activities aimed at creating an enabling environment in terms of women's empowerment and advocacy.

Achievements:

The 32 counties were chosen according to geographic criteria and their stated willingness to drop targets and quotas, and whether they were willing to invest counterpart matching funds (3-9 times of the UNFPA budget).

At the beginning of the project, a so-called "pink letter" was sent to all households in the 32 counties explaining the project (ICPD, client rights, etc.).

Before: No privacy during counseling, no informal counsel.

Now: Privacy and informed consent.

- Women who knew about at least three methods of contraception has increased from 39 to 80%
- Sterilization decreased: 44 to 30%
- IUD's increased: 51 to 61%
- Other methods increased: 5 to 9% (mainly condoms to prevent AIDS)
- Abortion decreased: From 18/100 to 11
- Maternal mortality: 66/100,000 to 62
- Infant mortality: 27.7% to 21%
- Delivery by skilled attendant: 90 to 96%
- Better medical protocols to include choice in contraceptives, help during menopause, infertility, STI/RTI, HIV/AIDS, breastfeeding promoted.
- So far this model has been adopted in 800 other counties in China including four entire provinces.

Challenges Ahead

- Stop social compensation fee ...
- Improve IEC and condom availability for AIDS.
- Continue to prove that choice is right and it works.
- Continue to advocate for Gender Equality.

UNFPA Role and Structure

- UNFPA's role is to advocate and support governments in their efforts to implement ICPD principles and its Programme of Action.
- UNFPA reports to an Executive Board composed of 36 UN member countries. The Board meets 3 times yearly.
- UNFPA works in those countries which request assistance, and which, according to the Executive Board, fall within the criteria for assistance, both for the country and the type of assistance requested. The four UNFPA country programmes for China have each been adopted by UNFPA's Executive Board.
- UNFPA's core budget is funded entirely by voluntary contributions from 126 UN member countries.
- UNFPA assists 142 developing and transition countries.
- UNFPA is a development fund. It relies on standards and data from other UN entities (e.g. WHO, UN Population Division, etc.). UNFPA generally works through UN agencies and international NGOs and governments for project execution.

Conclusion

- UNFPA, like all U.N. organizations, is guided by international human rights standards and principles.
- UNFPA provides assistance in all phases of reproductive health: FP, MH, STD/HIV prevention, treatment for unsafe abortion, and advocacy for an enabling environment.
- UNFPA assists countries to become sustainable in development planning and self-sufficiency through:

- Data collection, analysis and research.
- Governments must know population numbers, dynamics (urban, migration, age etc.), in order to meet population needs.
- Advocacy for human rights, gender equality, women's education, social participation, health care and RH care.

I am very proud of UNFPA, its principles, its work and its staff.

The malicious lies and mis-information of the past few years have hurt UNFPA, most importantly they have hurt women, youth and men around the world. Today, due to discrimination and a lack of quality reproductive health services:

- One woman dies every minute.
- 40 have unsafe abortions.
- 190 become pregnant who do not want to be.
- 48% deliver at home without medical help.
- 10 people are infected with AIDS: half are under 25, our future.

They could be our mother, wife, sister, daughter -- but they aren't. But they are a mother wife sister or daughter to someone. They deserve our assistance.

Thank you